

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

## A. Signature

X

Albert B. Coleman

(Printed Name)

 Agent Addressee

C. Date of Delivery

5/1/08

Address different from item 1?  Yes  
 No

Delivery Address Below  
*Transfer  
07/01/08*

## 3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service)

7007 2680 0003 1841 5967

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540